

WMIP LONG TERM CARE SUBCOMMITTEE

September 2, 2004

Attending: Randall Downey, SEIU; Bill Moss, Aging & Disability Services Administration (ADSA); Kristi Knudsen, ADSA; Brett Lawton, Medical Assistance Administration; Terry Marker, ADSA; Mary King, Snohomish County Human Services Department (SCHSD); Mike Manley, SCHSD; Ann Vining, NW Justice Project, Laurel Lee, Molina Healthcare of WA; Peggy Wanta, Molina; Randy Burge, ADSA DDD; Robin Crowley, ADSA HCS; Sue Closser, Sunrise Services; Dan Murphy, ADSA; Jerry Fireman, SCHSD.

1. Legal Standard for medical necessity...

ADSA establishes service payment level through CARE tool. Molina can use another tool as long as they meet the minimum level established by CARE, they can exceed the minimum level if they determine that would improve client health outcomes.

DSHS - All clients will be assessed by CARE tool by February.

SCHSD – what about Exceptions to Rule “ETR”. DSHS – this will have to be established later with Molina.

Would Molina be defending in a Fair Hearing? DSHS – depends on the nature of the fair hearing. If it is based on service payment level establishment that ADSA completes – ADSA defends in the FH. For actual service package Molina provides – Molina defends.

Managed care WAC covers the grievance process for WMIP enrollees.

2. Numbered memo –

Provider memo will be distributed in October.

3. Significant change assessments

Every time there is a significant change, will both HCS and Molina be involved
DSHS – Yes

6. What is the status of the contract between DSHS and Molina?

DSHS – Still under development.

7. Residents of nursing facilities/boarding homes/adult family homes

If they stay in Molina, and at the point the long-term care piece is added and Molina is not contracted with the facility, what happens to clients?

DSHS – Molina will be working with clients to let them know they would have to move if they don't opt out. Client's choice.

8. Can facilities contract with both Molina and retain FFS contracts?

DSHS – Yes

9. DDD care plans will need Molina input

Molina will need to coordinate with DD for DD clients in WMIP.

10. Clients turning 21

How do people get notices for WMIP?

DSHS – system will automatically send information to client when they become eligible, giving them 2 months to decide.

11. Participation – distinction between COPES and MPC

DSHS – same as occurs now. Have to determine the best way for notification, and needs to set up a system.

Residential services – state contracts determine facilities can't accept lower rates

DSHS - Not taking any savings on Long Term Care side – only from medical.

Payments should be the same. Will need to work on participation for residential services. Planned Action Notices – DSHS will need to work this out.

13 Expanded Community Services (ECS) clients & Cluster Care

Need to figure out how we will handle this in WMIP. Possibly be exempted from WMIP. Need additional discussion around this.

14. Enrollment process for Dual Eligible clients

Need to determine this process and how to notify clients. We can tailor client material to dual eligible clients.

How does the capitation work for MMIP clients?

DSHS – both Medicare and Medicaid are capitated for MMIP project.

Why has the state decided to include Medicare/Medicaid dual eligible clients?

DSHS - MSHO, Massachusetts programs, Texas Star Plus, all these programs have included both successfully.

15. Dual eligible Clients need to be informed about all the ramifications

Notices to duals are staggered, but benefit is available. Concerns about being notified about their right to the program.

Program is available to them.

Kristi will send all items electronically for R&C and she will include the comment due dates.

Future agenda items

Size of groups

Didn't finish the agenda items for this meeting. We will pick up where we left off.

October 7th 8:30 – 10:30am

CMS ruling around Mental Health and how it will affect clients in long-term care. Especially for clients who now receive MPC services paid for by the RSN now would have to change based on diversion of Medicaid funds.

DSHS – MPC clients, whose eligibility is based solely on the presence of a psychiatric disability, would still be covered by the RSN, per memo from Karl Brimmer director of the Mental Health Division. Budget will be earmarked for this service in RSN budget.